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## United States Bankruptcy Court Western District of Oklahoma

In re	Stephen E Marrs Lisa L Marrs		Case No.	11-13633
		Debtor(s)	Chapter	13

## AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: FIRST (1st) AMENDED MEANS TEST

## NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: August 9, 2011 /s/ Alexander Hilton - 8/9/2011
Alexander Hilton 147289CA

/s/ Stephen Marrs, Debtor - 8/9/2011 /s/ Lisa Marrs, Joint-Debtor - 8/9/2011 Attorney for Debtor(s)
Alexander Hilton, Esq.
1621 N. Classen Blvd.
Oklahoma City, OK 73106
405-625-1525 Fax:405-608-0510
info@loanlawyer.net, aehilton5@gmail.com

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B22C (Official Form 22C) (Chapter 13) (12/10)

	Stephen E Marrs	According to the calculations required by this statement:
In re	isa L Marrs	The applicable commitment period is 3 years.
	Debtor(s)	The applicable commitment period is 5 years.
Case Nun	nber: 11-13633	Disposable income is determined under § 1325(b)(3).
	(If known)	Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME					
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.						
	All figures must reflect average monthly income received from all sources, derived during the calendar months prior to filing the bankruptcy case, ending on the last day of the month befo the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	ore	Column A Column  Debtor's Spouse Income Income			
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 0.00	\$ 6,640.00		
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a enter the difference in the appropriate column(s) of Line 3. If you operate more than one bus profession or farm, enter aggregate numbers and provide details on an attachment. Do not en number less than zero. Do not include any part of the business expenses entered on Line a deduction in Part IV.  Debtor Spouse	siness, nter a				
		0.00				
		0.00				
	c. Business income Subtract Line b from Line a		\$ 1,902.00	\$ 0.00		
4		0.00				
		0.00				
	c. Rent and other real property income Subtract Line b from Line a		\$ 0.00	\$ 0.00		
5	Interest, dividends, and royalties.		\$ 0.00	\$ 0.00		
6	Pension and retirement income.		\$ 0.00	\$ 0.00		
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment i listed in Column A, do not report that payment in Column B.	;	\$ 0.00	\$ 0.00		
8	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse v benefit under the Social Security Act, do not list the amount of such compensation in Colum or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	0.00	\$ 0.00	\$ 0.00		

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse		
	a.		
	b.	0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).  1,5	02.00	\$ 6,640.00
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		8,542.00
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	8,542.00
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spourenter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustment on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    A	the	
	c. \$		
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	8,542.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 a enter the result.	nd \$	102,504.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (Information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	This	
	a. Enter debtor's state of residence: OK b. Enter debtor's household size: 3	\$	54,135.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.  ☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitmed top of page 1 of this statement and continue with this statement.  ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commat the top of page 1 of this statement and continue with this statement.		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME	E	
18	Enter the amount from Line 11.	\$	8,542.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.	2	
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	8,542.00

54,135.00		e 16.	m Lir	ne. Enter the amount fro	able median family incom	Applic	22	
		Application of § 1325(b)(3). Check the applicable box and proceed as directed.						
d under §		The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						
		<b>Line 22.</b> Check the box for lete Part VII of this statement						
	OM INCOME	DEDUCTIONS FRO	OF I	ALCULATION (	Part IV. Ca			
	nue Service (IRS)	ds of the Internal Rever	ndar	eductions under Sta	Subpart A: D			
1,171.00	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.  Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					24A		
	onal Standards for able at able number of persons are 65 years of age or ary that would currently onal dependents whom and enter the result in d enter the result in Line	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.				24B		
	Persons under 65 years of age Persons 65 years of age or older							
	144	Allowance per person	a2.	60	Allowance per person	a1.		
	0	Number of persons	b2.	3	Number of persons	b1.		
180.00	0.00	Subtotal	c2.	180.00	Subtotal	c1.		
446.00	is information is family size consists of	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.				25B			
	776.00							
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 1,095.00							
0.00		Subtract Line b fro			Net mortgage/rental expen	1		
	ousing and Utilities	ontend that the process set re entitled under the IRS H ou are entitled, and state th	you a	the allowance to which	oes not accurately compute	25B do Standar	26	
0.00					1			

_			1	1		
	<b>Local Standards: transportation; vehicle operation/public transpo</b> expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.	-				
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.					
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
27B	<b>Local Standards: transportation; additional public transportation</b> for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public T Standards: Transportation. (This amount is available at <a href="www.usdoj.gr">www.usdoj.gr</a> court.)	\$	0.00			
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) 1 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$ 496.00				
	b. 1, as stated in Line 47	\$ 458.40				
	c.   Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	37.60		
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Little result in Line 29. <b>Do not enter an amount less than zero.</b>					
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	\$ 496.00				
	b. 2, as stated in Line 47	\$ 127.40 Subtract Line b from Line a.	\$	368.60		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in	expense that you actually incur for all federal, acome taxes, self employment taxes, social				
	security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employme		\$	1,303.00		
31	deductions that are required for your employment, such as mandatory uniform costs. <b>Do not include discretionary amounts, such as volu</b>	y retirement contributions, union dues, and	\$	326.00		
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			0.00		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			0.00		
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$	0.00		
36	Other Necessary Expenses: health care. Enter the total average month health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by f the amount entered in Line 24B. <b>Do not</b>	\$	170.00		
	merade payments for neuron mourance of neuron savings accounts	IIII U/I	Ψ	170.00		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00			
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	4,490.20			
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance \$ 822.00					
	b. Disability Insurance \$ 0.00					
	c. Health Savings Account \$ 50.00					
	Total and enter on Line 39	\$	872.00			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	0.00			
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00			
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$	914.00			

			<b>Subpart C: Deductions for De</b>	bt Pa	yment			
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
		Name of Creditor	Property Securing the Debt	N	verage Ionthly ayment	Does payment include taxes or insurance		
	a.	Gmac Mortgage	Rollingwood 2nd addition, Block: 011 Lot: 010	\$	1,095.00			
	b.	Tinker Fcu	2005 Chevy Cobalt	\$	127.40	yes no		
	c.	Tinker Fcu	2008 Toyota FJ Cruiser (Badly Damaged in May 2010 accident)	\$	458.40	yes \( \sum_{no} \)		
				Tota	l: Add Lines		\$	1,680.80
48	moto your payn sums	or vehicle, or other property nec deduction 1/60th of any amour nents listed in Line 47, in order in default that must be paid in	s. If any of debts listed in Line 47 are selessary for your support or the support of the "cure amount") that you must pay to maintain possession of the property, order to avoid repossession or foreclosut additional entries on a separate page.	f your o the cre The cur	lependents, y ditor in addit e amount wo	ou may include in ion to the uld include any		
		Name of Creditor	Property Securing the Debt		1/60th of	the Cure Amount		
	a.	-NONE-		\$		Total, Add Lines	\$	0.00
	Payr	 nents on prepetition priority (	claims. Enter the total amount, divided	by 60, o		Total: Add Lines claims, such as	Þ	0.00
49	prior	ity tax, child support and alimo	ony claims, for which you were liable at ach as those set out in Line 33.	the time	e of your bank	kruptcy filing. <b>Do</b>	\$	38.34
		pter 13 administrative expensiting administrative expense.	es. Multiply the amount in Line a by the	amoun	t in Line b, a	nd enter the		
50	a.	Projected average monthly	Chapter 13 plan payment.	\$		0.00		
50	b.	issued by the Executive Off	district as determined under schedules ice for United States Trustees. (This					
			www.usdoj.gov/ust/ or from the clerk of	x		3.90		
	c.	the bankruptcy court.)  Average monthly administra	ative expense of chapter 13 case		: Multiply Li		\$	0.00
51	Tota		nt. Enter the total of Lines 47 through 5	•	• •		\$	1,719.14
	•		Subpart D: Total Deductions f	rom I	ncome		•	
52	Tota	l of all deductions from incom	ne. Enter the total of Lines 38, 46, and 5	51.			\$	7,123.34
		Part V. DETERM	INATION OF DISPOSABLE	INCO	ME UNDI	ER § 1325(b)(2	)	
53	Tota	l current monthly income. Er	nter the amount from Line 20.				\$	8,542.00
54	payn	nents for a dependent child, rep	y average of any child support payments orted in Part I, that you received in acco ary to be expended for such child.				\$	0.00
55	wage		Enter the monthly total of (a) all amount retirement plans, as specified in § 541(lified in § 362(b)(19).					0.00
56	1		der § 707(b)(2). Enter the amount from	Line 5	2.		\$	7,123.34

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circums. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these export the special circumstances that make such expense necessary.	t		
57	Nature of special circumstances	Amount of Expense		
	a.	\$		
	b.	\$	_	
	c.	\$		
		Total: Add Lines	\$	0.00
58	<b>Total adjustments to determine disposable income.</b> Add the result.	e amounts on Lines 54, 55, 56, and 57 and enter the	\$	7,123.34
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	Line 58 from Line 53 and enter the result.	\$	1,418.66
	Part VI. ADDITION	AL EXPENSE CLAIMS		
60	of you and your family and that you contend should be an add 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a seach item. Total the expenses.    Expense Description   a.   b.   c.   d.     Total: Add Lin		e monthly	expense for
		ERIFICATION		
	T			
61	I declare under penalty of perjury that the information provide must sign.)  Date: August 9, 2011	Signature: /s/ Stephen E Marrs Stephen E Marrs (Debtor)	int case, b	ooth debtors
	Date: <b>August 9, 2011</b>	Signature /s/ Lisa L Marrs		

Lisa L Marrs

(Joint Debtor, if any)